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**Kentucky Workers' Compensation Funding Commission**  
**Annual Audit and Collections Report**  
**Reporting Period – Calendar Year \_\_\_\_\_**

**Non-Writer Statement**

**(Non-Writer of Kentucky Workers' Compensation)**

If your insurance company did not write, receive or return any Kentucky workers' compensation insurance premium during calendar year \_\_\_\_\_, complete and return this form by April 30, of the following year, to:

**Kentucky Workers' Compensation Funding Commission**  
**42 Mill Creek Park**  
**Frankfort, Kentucky 40601**

OR

Name and address of Insurance Company	Period Covered by Report January 1, _____ through December 31, _____		
	FEIN Number:	NAIC Number:	NAIC Group Number:
	<b>Name and Phone Number of Contact Person</b>		
<p>The undersigned certifies that the above named insurance company did not write, receive or return premium for Kentucky workers' compensation coverage for the period from January 1, _____ through December 31, _____.</p> <p align="center">_____ President or Authorized Representative</p> <p align="center">_____ Title</p> <p align="center">_____ Date</p>			